

VERIFICATION OF RESOURCES

This form is acceptable for both City of Lansing, and MSHDA projects.

Section A - To be completed by Applicant or Tenant

Tenant or Applicant Name: _____

Account Holder Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Account Holder Social Security Number: _____

Do you or any of your household members have any assets such as checking, savings or credit union accounts, stocks or bonds, etc?

☐ **Yes** - Sign & date below. **Take this form to your bank or financial institution for completion of Section B.**

☐ **No**-Sign & date below. Do not proceed to B.

I authorize my bank or financial institution to release the information below.

Signature: _____ Date: _____

Section B - To be completed by Applicant's or Tenant's bank or financial institution.

Please provide the information requested so we can quickly determine the applicant's or tenant's eligibility for assistance. It is necessary to verify resources held presently or within the past year (including closed accounts) by the person named above, either alone or jointly with other persons.

Bank Name: _____

Bank Address: _____

City: _____ State: _____ Zip: _____

Account History: (Accounts held including checking or draft, savings or share, Certificate of Deposit, IRA/Keogh, Prepaid burial, etc.)

Types of Accounts Held	Account Number	Date of Last Withdrawal	Amount of Last Withdrawal	Present Balance	Interest Rate %	Amount of Penalty Early Withdrawal

For each joint account list the account number and members on the account:

Remarks:

I understand that any false pretense, including any false statement or representation; or the fraudulent obtaining of money, real or personal property; or the fraudulent use of an instrument, facility, article, or other valuable thing or service used to assist a participant in any state or federally funded program, is punishable by imprisonment for up to 10 years or by a fine up to \$5,000.

Signature: _____ Title: _____ Date: _____

